**FINANCIAL ASSISTANCE TAB**

**Checklist: PSH HMIS#:**

|  |  |  |
| --- | --- | --- |
| **HMIS #:** | **Date Completed** | **Staff Initials** |
| Direct Client Assistance - UPDATE MONTHLY (if applicable) |  |  |
| Rental Calculation-completed at move in |  |  |
| W-9 |  |  |
| Purchase Orders  |  |  |
| Check Requests |  |  |
| Completed tab uploaded into HMIS |  |  |

**Direct Client Assistance**

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant Name:** |  | **Case Manager:** |  |
|  |
| **P.O. Request Date** | **Amount Leveraged** |  **Funding Source** (Ex: RRH, PSH, HP) | **Assistance Type**(ex: App Fee, Deposit, Rental Assistance, Utility, Rental Arrears) |
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|  |  |  |  **Total Amount Leveraged** $ \_\_\_\_\_\_\_\_\_ |
| **Check** **Request****Date** | **Amount Spent** | **Funding Source**(Ex: RRH, PSH, HP) | **Assistance Type**(ex: App Fee, Deposit, Rental Assistance, Utility, Rental Arrears) |
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|  **Total Amount Spent** $ \_\_\_\_\_\_\_\_\_ |

**PURCHASE ORDER REQUEST**

**COMMUNITY ACTION COMMISSION OF FAYETTE COUNTY**

|  |  |
| --- | --- |
| **Vendor**    | **Program Information** |
| Name:  | Purchaser:  |
| Address:  |  Employee’s Name DateApproved By: |
| City/State/Zip:  |  Supervisor’s Name DateProgram:  |
| VID: Date:  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **QUANTITY** | **DESCRIPTION** | **PRICE EACH** | **ELEMENT** | **TR #** |
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**Additional Explanation for Purchases if needed:**

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Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Executive or Deputy Director Date

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fiscal Officer Date

**COMMUNITY ACTION COMMISSION OF FAYETTE COUNTY**

**1400 U.S. Rt. 22 NW**

**WASHINGTON COURT HOUSE, OHIO 43160**

**CHECK REQUEST**

Date: Amount:

To:

Purpose:

Requested By:

Charge to Grant:

Element # / Transaction #:

Approved for Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Executive Director or Deputy Director Signature)